

# Chief Health Officer Advisory

7 December 2016

Status: Active

## Increase in syphilis and gonorrhoea in men who have sex with men (MSM)

<b>Status:</b>	Active
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<b>Issued by:</b>	Professor Charles Guest, Chief Health Officer, Victoria
<b>Issued to:</b>	Health professionals, including those working in sexual health

### Key messages

- Victorian syphilis and gonorrhoea notifications have increased in the last few years, with cases reported predominantly in men who have sex with men (MSM).
- Syphilis and gonorrhoea can be transmitted by unprotected vaginal, anal and oral sex
- Syphilis and gonorrhoea infection increases both susceptibility to acquiring HIV infection and transmissibility of HIV infection.
- **Screen** at risk groups:
  - MSM at least annually and higher risk MSM more often (e.g. every 3 months) for syphilis and gonorrhoea
  - HIV positive MSM for syphilis as part of routine HIV monitoring (e.g. implement an opt-out strategy).
- **Contact** sexual partners of syphilis and gonorrhoea cases at the time of diagnosis.
- **Test and treat** sexual contacts of syphilis and gonorrhoea cases without waiting for test results.
- **Educate** patients about prevention strategies and early symptom recognition.

### What is the issue?

Infectious syphilis is defined as infection less than two years duration and includes primary, secondary and early latent clinical presentations. A total of 946 cases of infectious syphilis were notified in Victoria in 2015, compared to 629 cases in 2014. In the first half of 2016 there were 536 cases, an 18% increase compared with the same period in 2015. The large majority of notified cases are in MSM. Nearly half of the cases were in HIV positive MSM, and of these, a significant proportion are re-infections.

A total of 4,963 cases of gonorrhoea were notified in Victoria in 2015, compared to 3,273 cases in 2014 representing a 57% increase in notifications. There were a total of 3,222 cases notified in the first half of 2016, indicating that the increasing trend in notifications continues. Although this increase was seen for both men and women, the infection continues to occur primarily among MSM in urban settings.

Syphilis and gonorrhoea can be transmitted by unprotected vaginal, anal and oral sex. Both infections can be asymptomatic. Syphilis can present atypically without the chancre characteristic of primary syphilis or the rash of secondary syphilis.

Syphilis and gonorrhoea are of particular public health importance because they increase both susceptibility to acquiring HIV infection and transmissibility of HIV infection.

Screening of groups at risk is essential for syphilis and gonorrhoea control, along with partner notification and prevention education. Clinicians play a vital role in control and prevention through early detection and treatment of cases and their contacts.

## What is the action required?

### Screening

- Screen all MSM for syphilis and gonorrhoea at least annually. Screen MSM more often (e.g. every 3 months) if one or more of the following risk behaviours apply: any unprotected anal sex, more than 10 sexual partners in the last 6 months, participate in group sex, use recreational drugs during sex.
- Screen all HIV positive MSM for syphilis as part of routine HIV monitoring (e.g. implement an opt-out strategy).

### Treatment of cases and contacts

- Treat all cases of syphilis and gonorrhoea in accordance with the current guidelines: <http://www.sti.guidelines.org.au/>
- Test and treat all sexual contacts of syphilis and gonorrhoea cases without waiting for test results. Immediate treatment of contacts prevents re-infection of the index case and further transmission.

### Partner notification

- Ensure that all possible attempts are made to contact sexual partners of MSM with syphilis and gonorrhoea at the time of diagnosis.
- Innovative partner notification tools are now available to contact partners anonymously via SMS or email. You can undertake partner notification at the time of consultation or strongly encourage your patients to contact their partners themselves. Partner notification tools are available at:
  - Let them know website: [www.letthemknow.org.au/](http://www.letthemknow.org.au/)
  - The Drama Downunder website: [www.thedramadownunder.info/introduction](http://www.thedramadownunder.info/introduction)
- The partner notification officers (PNOs) from the Department of Health & Human Services are available to assist with partner notification. The PNOs can contact the sexual partners of a person diagnosed with a sexually transmissible infection (STI), provide advice and referral to testing. Any identifying information about your patients is kept confidential. The PNOs can be contacted at 9096 3367.

### Patient education

- Provide advice regarding prevention strategies, early symptom recognition and periodic screening to all MSM patients. Advise MSM that syphilis and gonorrhoea can be transmitted through oral and anal sex, and safe sex practices (i.e. condom use) greatly reduce the risk of transmission. All MSM should have regular STI testing at least annually. More frequent syphilis and gonorrhoea screening (e.g. every 3 months) is recommended for men at higher risk. HIV positive MSM should be tested for syphilis at each episode of HIV monitoring.
- Patient resources available online are listed below (under Patient information).

## More information

### Clinical information

- Advice on the diagnosis and management STIs can be obtained from Melbourne Sexual Health Centre through a doctor's only information line: **1800 0009 903** (Mon-Fri 9:30 am -12:30 pm, 1:30 pm -5:00 pm) or at [www.mshc.org.au](http://www.mshc.org.au)

- Syphilis fact sheet for clinicians: <http://docs.health.vic.gov.au/docs/doc/Syphilis:-Fact-sheet-for-clinicians--May-2015>
- Gonorrhoea fact sheet for clinicians: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/gonorrhoea>
- Australian STI Management Guidelines for Use in Primary Care: [www.sti.guidelines.org.au/](http://www.sti.guidelines.org.au/)
- Contact tracing for STIs - Information for clinicians: <https://www2.health.vic.gov.au/about/publications/factsheets/contact-tracing-for-sexually-transmissible-infections>
- Australasian Contact Tracing Manual: <http://contacttracing.ashm.org.au/>
- Australian Sexually Transmitted Infections & HIV Testing Guidelines for Asymptomatic MSM 2014: [http://stipu.nsw.gov.au/wp-content/uploads/STIGMA\\_Testing\\_Guidelines\\_Final\\_v5.pdf](http://stipu.nsw.gov.au/wp-content/uploads/STIGMA_Testing_Guidelines_Final_v5.pdf)

## Patient information

- Better Health Channel website: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
- Melbourne Sexual Health Centre website: [www.mshc.org.au](http://www.mshc.org.au)
- The Drama Down Under website: [www.thedramadownunder.info/bugs](http://www.thedramadownunder.info/bugs)
- Partner notification information: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/let-your-partners-know-information-for-people-diagnosed-with-syphilis-march-2015>

## Department of Health & Human Services

- Communicable Disease Prevention and Control Unit: Telephone: 1300 651 160 Fax: (61 3) 9096 9174  
Email: [infectious.diseases@dhhs.vic.gov.au](mailto:infectious.diseases@dhhs.vic.gov.au)
- **Partner Notification Officers:** Telephone: 9096 3367 or email: [contact.tracers@dhhs.vic.gov.au](mailto:contact.tracers@dhhs.vic.gov.au)



Professor Charles Guest  
Chief Health Officer

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